

INVENTOR INFORMATION

Inventor One Given Name:: David M
Family Name:: Sabatini
Postal Address Line One:: 1105 Massachusetts Avenue
Postal Address Line Two:: Apt. 6B
City:: Cambridge
State or Province:: Massachusetts
Country:: USA
Postal or Zip Code:: 02138
City of Residence:: Cambridge
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Citizenship Country:: USA

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 1473
Fax One:: 212-596-9090
Electronic Mail One:: kbrown@fishneave.com

APPLICATION INFORMATION

Title Line One:: ARRAYED TRANSFECTION METHOD AND USES REL
Title Line Two:: ATED THERETO
Total Drawing Sheets:: 7
Formal Drawings?:: No
Application Type:: Utility
Docket Number:: AKCELI-1CIP
Secrecy Order in Parent Appl.?:: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 1473
Registration Number One:: 32259
Registration Number Two:: 43866

CONTINUITY INFORMATION

This application is a:: CONTINUATION IN PART OF
> Application One:: 09/664297
Filing Date:: 09-18-2000

Which is a::NON PROV. OF PROVISIONAL
>> Application Two:: 60/193580
Filing Date:: 03-30-2000

And which is a:: NON PROV. OF PROVISIONAL
>> Application Three:: 60/154737

Filing Date:: 09-17-1999

Source:: PrintEFS Version 1.0.1